DLN: 93493135030287

OMB No 1545-0047

Open to Public Inspection

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

A F	or the	e 2015 ca _.	lendar year, or tax year beginning 07-01-2015 🥏 , and ending 06-30-2016	<u> </u>		
B Che	eck if a	applicable	C Name of organization SHARE FOOD PROGRAM INC	D	Employer i	identification number
☐ Ac	ldress	change	SHARL FOOD FROGRAM INC		23-2360	819
☐ Na	ame cl	hange	Doing business as			
	itial re	turn		_		
Fireturn/		nated	Number and street (or P O box if mail is not delivered to street address) Room/suit	<u>е</u> Е	Telephone r	number
_		d return	2901 W HUNTING PARK AVENUE		(215) 223	3-2220
Ap	olicatio	on pending	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191291802			
			PHILADELPHIA, PA 191291802	G	Gross receip	ots \$ 4,757,395
			F Name and address of principal officer	H(a) Is this a	group ret	urn for
			STEVEANNA WYNN 2901 W HUNTING PARK AVE	subordın	ates?	┌ Yes 🗸
			PHILADELPHIA, PA 19129	No H(b) Are all s	uhordinate	
I Ta:	k-exei	mpt status	▼ 501(c)(3)	included	7	Tes No
J W	ebsit	e:▶ HT	TP //WWW SHAREFOODPROGRAM ORG	H(c) Group e		st (see instructions) number ▶
K Forr	n of o	rganization	✓ Corporation Trust Association Other ►	L Year of format		M State of legal domicile PA
		. 941241.011	14 Salparation Marc Marcalatan Salar			
Pa	rt I	Sum	mary			
Governance	S	SHARE IS	scribe the organization's mission or most significant activities A COMMUNITY BASED FOOD DISTRIBUTION ORGANIZATION THE JALS AND FAMILIES EXPERIENCING FOOD INSECURITY	AT PROVIDES .	A FFO RDA	BLE FOOD TO
Ě	_					
9.0	2	Check th	is box ▶ ┌ if the organization discontinued its operations or disposed o	f more than 25%	of its net	t assets
					1	İ
~			of voting members of the governing body (Part VI, line 1a)		3	8
Activities &			of independent voting members of the governing body (Part VI, line 1b)			8
Ę			nber of individuals employed in calendar year 2015 (Part V, line 2a) .		. 5	15
⋖			nber of volunteers (estimate if necessary)		. 6	2,300
			elated business revenue from Part VIII, column (C), line 12		. 7a	· · · · · · · · · · · · · · · · · · ·
	D I	vet unreia	ited business taxable income from Form 990-T, line 34		7t	
	_			Prior Ye		Current Year
<u>Qı</u>	8		butions and grants (Part VIII, line 1h)	4	,124,518	
n G	9	-	m service revenue (Part VIII, line 2g)		500,068	<u> </u>
Ravenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		45,548	· ·
	12	12)	evenue—add mies o tinough II (must equal rait vIII, column (A), me	4	,670,134	4,757,395
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0
8	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		454,480	688,180
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		0	0
ξ.	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶45,306			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3	,371,598	3,877,099
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3	,826,078	4,565,279
	19	Reven	ue less expenses Subtract line 18 from line 12	•	844,056	192,116
Net Assets or Fund Balances				Beginning of Cu	ırrent Year	End of Year
sset	20	Total	assets (Part X, line 16)	3	,426,488	4,095,430
M B	21		iabilities (Part X, line 26)		,903,327	-
ξŞ	22		sets or fund balances Subtract line 21 from line 20		,523,161	
Par	t II	Sign	ature Block			
		alties of	perjury, I declare that I have examined this return, ir			
		edge and l las any kr	pelief, it is true, correct, and complete Declaration of			
<u>—</u> —	11	as any Ki				



Signature of officer

STEVEANNA WYNN EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name CARL H BAGELL Preparer's signature CARL H BAGELL Firm's name ► FRIEDMAN LLP Firm's address ▶ 301 LIPPINCOTT DRIVE 4TH FLR

MARLTON, NJ 08053 May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I \stackrel{\text{def}}{\longrightarrow} \dots	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Νo

Νo

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28b

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35a

35b

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Yes

Form 990 (2015)

	•	-				
ĪV	Ch	ecklist	of F	Required	Schedules	(continued)

	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21	110
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

- **Part**

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part V	Statements	Regarding	Other	IRS Filing	s and	Tax	Compliance
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response or note to any line in this Part V			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12		103	
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
с		he organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
2-		ng (gambling) winnings to prize winners?	1c		
24	Tax S	Statements, filed for the calendar year ending with or within the year covered is return			
b	Ifatl	least one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
		ry time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over,	a financial account in a foreign country (such as a bank account, securities account, or other financial unt)?	4a		No
b		es," enter the name of the foreign country 🕨			
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F-	(FBAI		F-		N. o
		the organization a party to a prohibited tax shelter transaction at any time during the tax year? ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
			5b		
С	It "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the nization solicit any contributions?	6a		No
b		es," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).			
а		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a		No
b	If"Ye	es," did the organization notify the donor of the value of the goods or services provided?	7 b		
С		he organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to orm 8282?	7 c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year			
e	Did th	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as red?	7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time g the year?	8		
92	Did #	he sponsoring organization make any taxable distributions under section 4966?	9a		
		he sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
а	Initia	ition fees and capital contributions included on Part VIII, line 12 10a			
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties			
11	Section	on 501(c)(12) organizations. Enter			
а	Gross	s income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the			
	year	12b	_		
13		on 501(c)(29) qualified nonprofit health insurance issuers.			
	addıtı	e organization licensed to issue qualified health plans in more than one state? Note. See the instructions for ional information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand			
14a	Did th	he organization receive any payments for indoor tanning services during the tax year?	14a	j	No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Section C. Disclosure

7	List the States with which a copy of this Form 990 is required to be filed \blacktriangleright	PA
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- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website 🗸 Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records SKLAR CARMOSIN CPA'S 801 OLD YORK ROAD JENKINTOWN, PA 19046 (215) 885-5811

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		1		•				(F)	45.	/ -:
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not bo: h ar or/ti	chec , unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BRUCE WALSH	0 50	×		X				0	0	0
SECRETARY		_ ^						0	0	
(2) ANDREW ANDERSON DIRECTOR (RESIGNED 2/5/16)	0 50	×						0	0	0
(3) PATRICK MILLIGAN DIRECTOR	0 50	x						0	0	0
(4) WILLIAM EARLY DIRECTOR (RESIGNED 9/1/15)	0 50	х						0	0	0
(5) ELOISE S LEVITT DIRECTOR (RESIGNED 11/5/15)	0 50	×						0	0	0
(6) MICHAEL RUANE CHAIR	0 50	х		х				0	0	0
(7) JULIA MANNING DIRECTOR	0 50	×						0	0	0
(8) TAMSEN L SHARPLESS VICE CHAIR	0 50	x		x				0	0	0
(9) IRA J GOLSTEIN DIRECTOR	0 50	х						0	0	0
(10) JIM BLESSINGTON TREASURER	0 50	×		х				0	0	0
(11) LOU LIBRANDI DIRECTOR	0 50	×						0	0	0
(12) STEVEANNA WYNN EXEC DIRECTOR	65 00			×				101,875	0	0

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)	
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(A) Name and Title	Name and Title A verage hours per week (list any hours			one b ooth octor	an o	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
1b Sub-Total			•			>				
c Total from continuation sheetd Total (add lines 1b and 1c) .	<u>-</u>		٠.	٠.	٠.	• •		101,875	0	0
Total number of individuals (ir \$100,000 of reportable comp	cluding but not	limited t				d abov	e) wl	ho received more th	an	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

on line 1a? If "Yes," complete Schedule J for such individual . . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such

ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4	Νo
5	No
of	

Yes

3

No

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 o

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99	0 (20	15)						Page 9
Part V	/##	Statement o						
		Check if Schedu	ıle O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
	d	Related organiz	ations 1d					
19:€	e	Government grants	s (contributions) 1e	3,495,723				
Contributions, Gifts. and Other Similar A	f	All other contribution	ons, gifts, grants, and 1f	694,453				
	'	sımılar amounts no	t included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
Contained	h	Total. Add lines	s 1a-1f		4,190,176			
				Business Code				
E L	2a	PROGRAM SERVICE	<u> </u>	900099	485,966	485,966		
₹ •	Ь							
e L	C							
<u>.</u>	d							
Program Service Revenue	e	A II a than nua nua						
rogr	f		ım service revenue					
	g		s 2a – 2f		485,966			
	3	Investment inc	ome (including dividenc ar amounts)	ls, interest,	1			1
	4	Income from inves	tment of tax-exempt bond p	roceeds ►				
	5	Royalties		•				
	6.	Gross rents	(I) Real 54,493	(II) Personal				
	6a	Gross rents	·					
	b	Less rental expenses	0					
	c	Rental income or (loss)	54,493					
	d	Net rental inco	me or (loss)		54,493			54,493
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	-	s)	· · · · >				
Other Revenue	8a	Gross income f events (not inc						
er Re		See Part IV, lin						
Oth Oth	Ь		penses b [
	C 9a		loss) from fundraising e rom gaming activities	events >				
	"	See Part IV, lin						
			а					
	l		penses b	ution				
	'	Net income or (loss) from gaming activ	ittles				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	-					
	С	_	loss) from sales of inve	ntory ▶				
		Miscellaneous	Revenue	Business Code				
	11a	OTHER INCOM	"	900099 531390	19,500		7 350	19,500
	b	BILLBOARD RE	EVENUE	531390	7,259		7,259	
	C	All other range						
	d e	All other revenue Total. Add lines	L	•				
					26,759			
	12	iotai revenue.	See Instructions	· · · •	4,757,395	485,966	7,259	73,994

Part IX Statement of Functional Expenses

 (-)(-) (-)(-)	 	 	 	 	 			
Check if Schedule O contains a response or note to any line in this Part IX								_
								

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,875	78,443	20,375	3,057
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	464,873	357,953	92,975	13,945
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	60,159	46,322	12,032	1,805
10	Payroll taxes				
		61,273	47,181	12,254	1,838
11	Fees for services (non-employees)				
a	Management	3,000		2 000	
b	Legal	2,000 34,657		2,000 34,657	
c d	Accounting	34,637		34,637	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	72,546	35,995	35,149	1,402
12	Advertising and promotion	3,370	2,595	674	101
13	Office expenses	107,172	82,523	21,434	3,215
14	Information technology				
15	Royalties				
16	Occupancy	277,706	212,904	56,507	8,295
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	63,350	48,780	12,670	1,900
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,434	67,324	17,487	2,623
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD EXPENSES	2,974,626	2,974,626		
b	PACKAGING AND DISTRIBUT	114,356	114,356		
С	TRUCKING	60,508	60,508		
d	WAREHOUSE EXPENSES	45,981	45,981		
е	All other expenses	33,393	15,965	10,303	7,125
25	Total functional expenses. Add lines 1 through 24e	4,565,279	4,191,456	328,517	45,306
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990	(2015)					Page 11
Part X	Balance Sheet					
	Check if Schedule O contains a response or note to any lir	ne in th	s Part X			
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			237,908	1	764,093
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			130,000	3	40,000
4	Accounts receivable, net			901,427	4	945,651
5	Loans and other receivables from current and former offickey employees, and highest compensated employees. Consider the compensated employees.	omplete	Part II of		5	
its	Loans and other receivables from other disqualified persisection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(E section	3), and 501(c)(9)			
Assets					6	
-	,				7	
8				353,011	8	549,891
9	.				9	
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,247,508			
	b Less accumulated depreciation	10b	1,488,584	1,770,777	10 c	1,758,924
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11 .				12	
13	Investments—program-related See Part IV, line 11 .				13	
14	Intangible assets				14	
15	Other assets See Part IV line 11			33 365	15	36 871

Asse	
ties	
iabilities	
_	

ets		section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of svoluntary employees' beneficiary organizations (see inst II of Schedule L	c)(3)(B ection), and 501(c)(9)			
Assets	_			_		6	
Ř	7	Notes and loans receivable, net		⊢		7	
	8	Inventories for sale or use			353,011	8	549,891
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,247,508			
	b	Less accumulated depreciation	10b	1,488,584	1,770,777	10 c	1,758,924
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .		[12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			33,365	15	36,871
	16	Total assets.Add lines 1 through 15 (must equal line 34)		[3,426,488	16	4,095,430
	17	Accounts payable and accrued expenses			795,312	17	1,323,559
	18	Grants payable		[18	
	19	Deferred revenue			4,550	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o		21			
jabilities.	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
<u>:</u>		persons Complete Part II of Schedule L				22	
Li ₃	23	Secured mortgages and notes payable to unrelated third	parties		1,103,465	23	1,056,594
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,			

	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	33,365	15	36,871
	16	Total assets.Add lines 1 through 15 (must equal line 34)	3,426,488	16	4,095,430
	17	Accounts payable and accrued expenses	795,312	17	1,323,559
	18	Grants payable		18	
	19	Deferred revenue	4,550	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
jabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	1,103,465	23	1,056,594
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
		· · · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	1,903,327	26	2,380,153
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	490,778	27	796,401
ထ	28	Temporarily restricted net assets	1,032,383	28	918,876
pun	29	Permanently restricted net assets		29	
=		-			

Net Assets or Fu Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . 30 30 Paid-in or capital surplus, or land, building or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances . 1,523,161 33 1,715,277 34 3,426,488 Total liabilities and net assets/fund balances 4,095,430

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b **b** Were the organization's financial statements audited by an independent accountant? Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	i Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

SCHEDULE A

(Form 990 or

990EZ)

Part I

2

DLN: 93493135030287 OMB No 1545-0047

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

23-2360819

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

Open to Public Inspection

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Department of the Treasury Internal Revenue Service Name of the organization SHARE FOOD PROGRAM INC

The organization is not a private foundation because it is $\,$ (For lines 1 through 11 , check only one box)

Employer identification number

′	~	described in section 1				om a governm	ental unit or from the g	jenerai public					
8		A community trust des	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)							
9 LO	F	receipts from activitie from gross investmen organization after Jun	ation that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross an activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the n after June 30, 1975 Seesection 509(a)(2). (Complete Part III) tion organized and operated exclusively to test for public safety. See section 509(a)(4).										
l1 a	Г Г	An organization organione or more publicly s the box in lines 11a th Type I. A supporting of supported organization	upported orga irough 11d tha rganization op n(s) the power	nizations described in at describes the type o erated, supervised, or to regularly appoint o	section 509(a of supporting or controlled by i r elect a majori)(1) or section ganization and its supported o	509(a)(2) See sectio complete lines 11e, 1 organization(s), typical	n 509(a)(3). Check .1f, and 11g ly by giving the					
b	Г	organization You must Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle	d in connection								
c		Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its					
		supported organization	n(s) (see instr	uctions) You must co	mplete Part IV	, Sections A , D	, and E.						
d e	Г	Type III non-functionally integral (see instructions) You Check this box if the cointegrated, or Type III	ated The orga u must comple organization re	inization generally muster te Part IV, Sections A ceived a written deter	st satisfy a dist • and D, and Pa i mination from t	tribution requir r t V. he IRS that it	ement and an attentiv	eness requirement					
f	Enter	the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5								
g		Provide the following in	3										
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)						
					Yes	No	-						

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

		1					
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	3,586,267	2,999,604	3,821,759	4,124,518	4,190,176	18,722,324
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,586,267	2,999,604	3,821,759	4,124,518	4,190,176	18,722,324
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						18,722,324
Se	ection B. Total Support	•				•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
(or 7	fiscal year beginning in) ► A mounts from line 4	3,586,267	2,999,604	3,821,759	4,124,518	4,190,176	18,722,324
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,067	15,151	4,896	28,348	54,493	120,955
9	Net income from unrelated business activities, whether or not the business is regularly carried on	6,142	6,700	5,583	17,200	26,759	62,384
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. Add lines 7 through 10						18,905,663
12	Gross receipts from related activi	•	ŕ			12	
13	First five years.If the Form 990 is	-	•		·	<u></u> -) organization,
	check this box and stop here ection C. Computation of Pu			· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 201			11 column (f))		144	00.030.0/
15	Public support percentage for 201	,	.,	11, column (1))		14	99 030 %
	., ,	•			1 4 2 2 4 /20/	15	99 430 %
104	33 1/3% support test—2015.If the	-		·	ine 14 is 33 1/3%	or more, check	LUIS DOX
b	and stop here. The organization que 33 1/3% support test—2014. If the	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33	1/3% or more, c	heck this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization means.	t—2015. If the organisms the fa	anization did not c icts-and-circums	theck a box on lin tances test, chec	k this box and st o	pp here. Explain	▶
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organiz	anızatıon meets th	e "facts-and-cırc	umstances" test,	check this box ai	nd stop here.	▶ □
18	supported organization Private foundation.If the organization					·	▶ □
	instructions						▶┌

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. , ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C G 11 G	, cilii a, loai cili, oi l	men can year as c	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from		• •	•		18	
	· -				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dili / dili	on ara not check	a DOX OH HHE 14	. 120. UL 130. CNE	.ck unis dux and	ace instruction	o ≥ 1

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, V

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

	,			9	9		(
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	N-C TTT	JUDDU	u ciiia	Oluai	IIZALIVIIS

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

DLN: 93493135030287

Employer identification number

23-2360819

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

SHARE FOOD PROGRAM INC

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	V olunteer hours							
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$			
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955 ▶	\$			
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No			
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	ner organizations	for section 527	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	O-POL, line 17b ►	\$			
4	Did the filing organization file F	form 1120-POL for this year?			Yes No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. C	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015			

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

cnedule ((Form 990 or 990-E2) 2015		Page 2
Part II-	Complete if the organization is exempt under section 501(c)(3) and f under section 501(h)).	led Form 5768	(election
\ Check	▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated gexpenses, and share of excess lobbying expenditures)	roup member's nan	ne, address, EIN
Check	► If the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total Iobby	obbying expenditures to influence public opinion (grass roots		

	Limits on Lobb (The term "expenditures" r	(a) Filing organization's totals	group totals	
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legis			
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines			
f	Lobbying nontaxable amount Enter the amoun			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of	ine 1f)		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								
				Schee	dule C (Form 990	or 990-EZ) 2015			

	edule C (Form 990 or 990-EZ) 2015 rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT			Pa	age 3
1-(2)	filed Form 5768 (election under section 501(h)).	01				
For o	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying trivity		a)	,	(b)	
			No		A moun	t
		Yes	ļ			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i					C
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2 a				
b	Carryover from last year	2b				
C	Total	2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					

Part IV **Supplemental Information**

5 Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference		Expla	nation
PART II-B, LINE 1	FOOD CUPBO	DARDS IN SUPPOR	PROVIDED A LETTER THAT THE ORGANIZATION GAVE TO

THE GOVENOR AND LEGISLATORS THE EXECUTIVE DIRECTOR VISITS HARRISBURG THREE DAYS ANNUALLY, MEETING WITH PENNSYLVANIA SENATORS AND REPRESENTATIVES

5

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

en to Public Inspection

DLN: 93493135030287

Department of the Treasury Internal Revenue Service	► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <u>www.irs.</u>		n to Pu Ispecti			
Name of the organizers SHARE FOOD PROGRAM		Employer identification	ı number			
		23-2360819				
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						

Pa	rt I Organizations Maintaining Donor Complete if the organization answere				unds o	or Accounts.
		(a) Donor advised funds		,	(b)	Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t				nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					purpose Yes No
Par	t II Conservation Easements. Comple	ete if the organization	ar	nswered "Yes"	on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all	th	nat apply)		
	Preservation of land for public use (e.g., recreeducation)	eation or	-	Preservation of a	n histor	ically important land area
	Protection of natural habitat	Г	•	Preservation of a	certifie	d historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservat	10	on contribution in	the form	of a conservation
						Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easeme				2b	
C	Number of conservation easements on a certified			• •	2 c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06	, a	and not on a	2d	
3	Number of conservation easements modified, train tax year ▶	nsferred, released, exting	ui:	shed, or terminat	ed by the	e organization during the
_	· · · · · · · · · · · · · · · · · · ·					
4	Number of states where property subject to cons			•		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	easements it holds?			-	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vic	ola	ations, and enforc	ing cons	ervation easements during the
	<u> </u>					
7	A mount of expenses incurred in monitoring, insper \$\black{\text{\tin\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi{\text{\texi{\texi{\texi\texi{\texi{\texi}\texi{\tex{\texi}\texi{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\	ecting, handling of violatio	on:	s, and enforcing o	onserva	tion easements during the year
В	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	re	equirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org				se statement, and
ar	Complete if the organization answere				or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public ex	hıl	bition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public ex				
(i) Revenue included on Form 990, Part VIII, line 1	L			> \$	
(ii	i) Assets included in Form 990, Part X					
2	If the organization received or held works of art, he following amounts required to be reported under S				or financ	
а	Revenue included on Form 990, Part VIII, line 1					▶ \$
b	Assets included in Form 990, Part X					▶ \$

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	torical	Trea	asures, or (Other Similar A	ssets
3		g the organization's acquisition, accection items (check all that apply)	ession, and other red	ords, ch	ieck any	of the	following that	are a significant us	e of its
а		Public exhibition		d	☐ Lo	oan or	exchange pro	grams	
b	Г	Scholarly research		e	Г о	ther			
c		Preservation for future generations							
4	Provi Part	de a description of the organization's XIII	s collections and ex	plaın hov	v they fur	rther t	he organizatio	n's exempt purpose	ın
5		ng the year, did the organization solic ts to be sold to raise funds rather tha							s No
Par	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV,	line 9, or re	ported an amour	t on Form 990,
1 a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary	for conti	rıbutıo	ns or other as:	sets not	s No
ь	If	"Yes," explain the arrangement in Pa	art XIII and complet	e the fol	lowina ta	ble		Am	ount
c		ginning balance					10	:	
d		ditions during the year					10		
е		stributions during the year					1e		
f		ding balance					1f		
2a		he organization include an amount or	n Form 990 Part X	line 21	for escro	word			
b								·	
	rt V	es," explain the arrangement in Part Endowment Funds. Complet							
FG	ILV	Endowment Funds. Compie	(a)Current year		or year		Two years back		(e)Four years back
1a	Beau	nning of year balance	(L)canone year	(-)	,	12 (3	, , cale back	(2) mes years back	(5). 54. 754.5 245.
b	-	ributions							
c	Net i	investment earnings, gains, and es							
d	Gran	ts or scholarships							
е		er expenditures for facilities programs							
f	Adm	inistrative expenses							
g g		of year balance							
2	Provi	de the estimated percentage of the o	current vear end bal	ance (lin	e 1a. col	lumn (a)) held as		
- а		d designated or quasi-endowment >	sarrency car ena san	ance (mi	c 19, co.	(ayy mera as		
		•							
b c		anent endowment ► porarily restricted endowment ►							
	Thep	percentages on lines 2a, 2b, and 2c	should equal 100%						
3а		here endowment funds not in the pos nization by	session of the orgai	nızatıon	that are I	held aı	nd administere	d for the	Yes No
	(i) ur	nrelated organizations							(i)
ь		elated organizations es" on 3a(ii), are the related organiza		· · ·	 Schedule	 R? .			(ii)
4		ribe in Part XIII the intended uses o							
Pai	rt VI	Land, Buildings, and Equip							
		Complete if the organization a Description of property	inswered 'Yes' to		90, Part (a) ost or other		(b) Cost or other ba	Accumulated	(d)Book value
					(ınvestme		(other)		
	Land			·			150,0		150,000
		ngs		· ·			1,356,6	93 205,82	3 1,150,870
		hold improvements		. -					
		ment		·			1,412,4		
е	omer			• •			328,4	15 80,08	5 248,330

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

1,758,924

	Investments—Other Securities. Co	mplete if the org	anızatıon answered 'Yes	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(1)Emancia	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3) Other				
Part VIII	Investments—Program Related.	<u> </u>		
. dit viii	Complete if the organization answered	l 'Yes' on Form 9	90, Part IV, line 11c. _{Se}	e Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of enu-of-year market value
Tatal (Calum	(h) revert a grad Farma (200 Part V cel (2) (no. 12)	•		
	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization		l on Form 990, Part IV, line 1	J l 1d See Form 990, Part X, line 15
	(a) Desci	ription		(b) Book value
	(1)	45.		
Part X	omn (b) must equal Form 990, Part X, col (B) line in the organisation.		ed 'Yes' on Form 990. F	
	See Form 990, Part X, line 25.	_		
1.	(a) Description of liability	(b) Book val	ue	
Federal inc	ome taxes			
			1	
	nn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions In Part XIII, provic	•		

1

2

а

d

3

information

Return Reference

Schedule D (Form 990) 2015

4,757,395

4,757,395

2e

3

Ü	4c	Add lines 4a and 4b		
4,757,395	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
urn.	per R	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Pari	
4,565,279	1	Total expenses and losses per audited financial statements	1	
		A mounts included on line 1 but not on Form 990, Part IX, line 25	2	
		Donated services and use of facilities	а	
		Prior year adjustments 2b	b	
		Other losses	c	
		Other (Describe in Part XIII)............. 2d	d	
0	2e	Add lines 2a through 2d	e	
4,565,279	3	Subtract line 2e from line 1	3	
		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4	
		Investment expenses not included on Form 990, Part VIII, line 7b 4a	а	
		Other (Describe in Part XIII)	b	
0	4c	Add lines 4a and 4b	c	
4,565,279	5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

2c 2d

4a 4b

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

A mounts included on Form 990, Part VIII, line 12, but not on line **1**Investment expenses not included on Form 990, Part VIII, line 7b

.

Donated services and use of facilities .

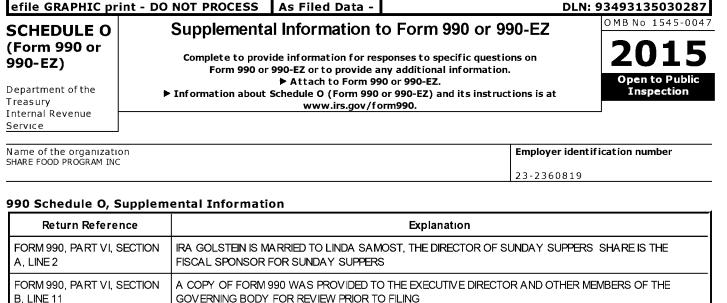
Other (Describe in Part XIII)

Recoveries of prior year grants .

Other (Describe in Part XIII) .
Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015		Page 5			
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				



12C

FORM 990, PART VI, SECTION B, LINE	THE PERSONNEL COMMITTEE, FINANCE COMMITTEE AND BOARD OF TRUSTEES MEET ANNUALLY TO
15	DETERMIN
	E SALARY AND STAFFING NEEDS FOR THE EXECUTIVE DIRECTOR AND ALL OTHER STAFF BASED
	ON THE C
	OMPENSATION AND BENEFITS PROVIDED IN COMPARABLE ORGANIZATION, INDIVIDUALS'
	PERFORMANCE DUR

ING THE YEAR. AND OVERALL ECONOMIC TIMES. INDIVIDUAL COMPENSATION IS DETERMINED

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE ON FILE AT SHARE AND MAY BE REVIEWED UPON REQUEST

THERE WERE NO CHANGES IN THE OVERSIGHT PROCESS FROM THE PRIOR YEAR

FORM 990. PART XII. LINE 2C